

# TRANSMITTAL FORM

Application Number	10/590,408
Filing Date	June 29, 2007
First Named Inventor	Raimund Sicking
Group Art Unit	1793
Examiner Name	Brian D. Walck
Attorney Docket No.	20496-531
Patent No.	Not applicable
Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

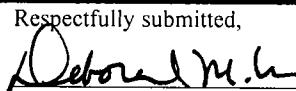
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u>1</u> ]	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> )  <input checked="" type="checkbox"/> Substitute Specification: Marked-Up Version (15 pages) <input checked="" type="checkbox"/> Substitute Specification: Clean Version (15 pages)
<input checked="" type="checkbox"/> Petition for Extension of Time (3 Months)  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	

**CORRESPONDENCE ADDRESS**

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

**SIGNATURE BLOCK**

Date: November 30, 2009  
Reg. No.: 55,699  
Tel. No.: (617) 526-9836  
Fax No.: (617) 526-9899

Respectfully submitted,  
  
Deborah M. Vernon  
Attorney for the Applicant(s)  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600